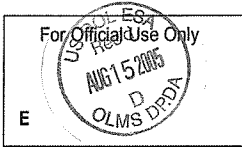


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4595	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Bill Rutherford  P.O. Box, Bldg., Room No., if any  Street 1225 13th Street  City Modesto  State California ZIP Code + 4 95354	4. Name, file number, and address of labor organization. Name Teamsters Local 386  Labor Organization File Number 041-413  P.O. Box, Building and Room Number, if any  Street 1225 13th Street  City Modesto  State California ZIP Code + 4 95354
5. Position in labor organization. Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Dairy Farmers of America  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2331 Tully Road  City Hughson  State California ZIP Code + 4 95326	7.a. Nature of Interest, Transaction, or Income. Dairy Farmers of America, a collectively bargained employer, provided Mr. Rutherford with dinner while signing a renewed CBA on April 5, 2004.  7.b. Amount.  \$55

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/9/05	(209) 526-2755
	Date	Telephone Number

Name of Person Filing <b>Bill Rutherford</b>	File Number <b>U-</b>
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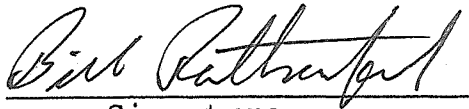
B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Western Conference of Teamsters (WCT)</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 100</b></p> <p>Street <b>255 Gellert Boulevard</b></p> <p>City <b>Daly City</b></p> <p>State <b>California</b> ZIP Code + 4 <b>94015</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>WCT is a multi-employer employee benefit plan that provides pension benefits to the members of Teamsters Local Union 386. The amount in 11b is an estimate of contributions paid on behalf of Teamsters Local 386 members during 2004.</p> <p>11.b. Approximate dollar value of such dealing. <b>\$42,142,000</b></p> <p>12.a. Nature of interest held or income received.</p> <p>An employee of Northwest Administrators, the administrator for WCT, provided Mr. Rutherford with lunch during his monthly visit to assist Local 386 members applying for retirement benefits.</p> <p>12.b. Amount. <b>\$25</b></p>


<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.



Signature



Date